| | Application No. | Applicant(s) | |
|--|---|---|--|
| | 10/639 047 | MAY, GREGORY J. | |
| Notice of Allowability | 10/628,947 Examiner | Art Unit | |
| | Rochelle Blackman | 2851 | |
| The MAILING DATE of this communication appe All claims being allowable, PROSECUTION ON THE MERITS IS herewith (or previously mailed), a Notice of Allowance (PTOL-85) NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RI of the Office or upon petition by the applicant. See 37 CFR 1.313 | (OR REMAINS) CLOSED in this app or other appropriate communication GHTS. This application is subject to | plication. If not included will be mailed in due course. THIS | |
| 1. \boxtimes This communication is responsive to <u>amendment filed 5 Ju</u> | <u>dy 2006</u> . | | |
| 2. The allowed claim(s) is/are 19,35 and 36. | | | |
| 3. ☐ Acknowledgment is made of a claim for foreign priority un a) ☐ All b) ☐ Some* c) ☐ None of the: | | | |
| 1. Certified copies of the priority documents have been received. | | | |
| 2. Certified copies of the priority documents have | ••• | | |
| Copies of the certified copies of the priority do | cuments have been received in this | national stage application from the | |
| International Bureau (PCT Rule 17.2(a)). | | | |
| * Certified copies not received: | | | |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" on noted below. Failure to timely comply will result in ABANDONM THIS THREE-MONTH PERIOD IS NOT EXTENDABLE. | | complying with the requirements | |
| 4. A SUBSTITUTE OATH OR DECLARATION must be submit INFORMAL PATENT APPLICATION (PTO-152) which give | | | |
| 5. CORRECTED DRAWINGS (as "replacement sheets") must be submitted. | | | |
| (a) ☐ including changes required by the Notice of Draftsperson's Patent Drawing Review (PTO-948) attached | | | |
| 1) 🗌 hereto or 2) 🔲 to Paper No./Mail Date | | | |
| (b) including changes required by the attached Examiner's Paper No./Mail Date | s Amendment / Comment or in the C | Office action of | |
| Identifying indicia such as the application number (see 37 CFR 1, each sheet. Replacement sheet(s) should be labeled as such in the | | | |
| 6. DEPOSIT OF and/or INFORMATION about the deposit attached Examiner's comment regarding REQUIREMENT I | | | |
| | | | |
| Attachment(s) 1. ☐ Notice of References Cited (PTO-892) | 5 [] Notice of Informal D | atent Application (PTO-152) | |
| 2. Notice of Preferences Cited (F10-092) Provided of Preferences Cited (F10-092) Provided of Preferences Cited (F10-092) | 6. ☑ Interview Summary | , , | |
| | Paper No./Mail Dat | | |
| Information Disclosure Statements (PTO-1449 or PTO/SB/0 Paper No./Mail Date | 8), 7. Examiner's Amendn | nent/Comment | |
| 4. Examiner's Comment Regarding Requirement for Deposit | 8. 🔲 Examiner's Stateme | ent of Reasons for Allowance | |
| of Biological Material | 9. | 9. Other | |
| | | | |
| William Perkey Primary Examiner | | | |